



## CONFLICT OF INTEREST DISCLOSURE

I have read and understand the Conflict of Interest Policy of the University of the Pacific and I am filing this form in accordance with the Policy.

1. I and/or my family member has **direct or indirect dealings with an organization** that is involved in a business relationship with Pacific from which benefits arise directly, indirectly, or potentially from cash or property receipts that total \$10,000 or more annually.

NO

YES – Please identify the corporation or other entity and relationship of the position.

<u>Entity</u>	<u>Relationship</u>

2. I and/or my family member **own voting stock or a controlling interest**, to the extent that I/we have 5% or more interest in a company, firm, agency, or other entity that is affiliated with Pacific or otherwise involved in a business relationship with Pacific.

NO

YES – Please identify the corporation or other entity where voting stock or controlling interest held.

<u>Entity</u>	<u>% of controlling interest or voting stock</u>

3. I and/or my family member **received gifts, loans, or other benefits** within the past twelve months from sources which Pacific buys goods or services or otherwise has significant business dealings.

NO

YES – Please identify the corporation or other entity, item, and approximate value. If additional space, is needed Attach additional page.

<u>Entity</u>	<u>Item</u>	<u>Approx. Value</u>

4. In some instances, a common interest may give the appearance of a conflict of interest, although no conflict of interest actually exists. Do any of your **activities outside of Pacific, other than those listed above, give the appearance of a conflict of interest?**

NO

YES – Please identify the corporation or other entity and a brief description of activity.

<u>Entity</u>	<u>Activity</u>

**By signing this disclosure of conflict of interest form, I certify to the best of my knowledge the foregoing information is true and complete.**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Pacific ID

\_\_\_\_\_  
University Title or Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return the completed form to the Office of Internal Audit